does not object will be benefited by the suggestions and comments of the members of the state board.

I have just returned from the meeting of the Association of American Medical Colleges in Chicago. There was a large attendance, about 60 colleges being represented. The most important work of the meeting was the discussion in regard to the schedule of hours for the 4 years' course; and the discussion in regard to whether the high school, whose diploma would be recognized, should be required to have a 3 years' or a 4 years' course; also the discussion in regard to the amendment of Dr. Wm. J. Means of the Ohio Medical University: "Time credits for a bachelor degree could only be granted after an examination of the students' credentials by or under the authority of the Superintendent of Public Instruction of the city or state in which the college is located, or by the State Board of Medical Examiners, duly authorized by law."

Dr. George M. Kober of Washington, D. C., made the report in regard to a national uniformity of curricula. In this report the committee recommended that 4,000 hours for the 4 years be required as a standard, but that there might be 10% reduction in this number of hours. In other words, that 3,600 hours should be the minimum. The committee suggested that the first year 900 hours should be required; the second year, 905; the third year, 1,075 hours, and the fourth year, 1,120 hours.

The discussion of this report waxed very warm, but the report was adopted, except that the division of hours during the 4 years should be left to each college. This report can be secured by any who are interested, who will write to Dr. George M. Kober, Washington, D. C., asking for a copy.

In regard to whether the high school should require a 3 years' or a 4 years' course, the feeling was most intense, as the members from the southern states maintained that in the south the high schools only required 3 years, and that it would practically discredit all southern high school graduates. After a long discussion, and at times a very excitable one, it was decided almost unanimously that the high schools should have a 4 years' course. I am glad to say that this was settled with the best of feeling—the members from the south deciding that they would require an examination instead of depending upon the diploma. The amendment offered by Dr. Means was also adopted.

Every action that was taken at this meeting was in the direction of raising the standard of medical education, and the standard of medical students. I was glad to hear the State Board of Medical Examiners of California so highly spoken of by the members of the Chicago meeting, and it behooves the State Society to maintain its present commendable position.

REPORT OF THE WORK OF THE BOARD OF EXAMINERS.

By DUDLEY TAIT, San Francisco.

SINCE the meeting of this society at Paso Robles, a decision has been handed down by the Supreme Court sustaining the medical law regulating the practice of medicine in this state. Written in lucid and logical language by Judge Shaw of Los Angeles, and concurred in by the entire court, this document passes upon the constitutionality of almost every section of the law, thus obviating the necessity for considerable special legislation.

The friends of higher education will rejoice over the action of the court in sustaining the truly scientific national standard of the Association of American Medical Colleges, which represents the keystone of the medical act, standard for which we must thank Dr. F. B. Carpenter, justly called the "Father of Our Medical Law." The work of the Board of Medical Examiners for the past year was characterized by two features: 1st, a strictly legal attitude regarding all problems—consequently the enforcement of the legal standard of educational requirements; 2nd, absolute fairness to all, favoritism to none. Fellow members, as incontrovertible proof of the foregoing statements, we bring you the official minutes of the board, its records and some statistics deduced therefrom.

Statistics:

EXAMINATION RETURNS.

	Passed.	Failed.	*Credentials Rejected
Cooper	40	4	2
Univ. of Calif.	35	2	None
Phys. and Surgs. of S. F.	16	11	13
Hahnemann	7	1	4
Calif. Med. Coll. (Eclectic)	1	3	1
Univ. of So. Calif.	22	4	2
P. C. Reg. Coll. of Med. (Fraudulent)	...	...	2
Outside Colleges	110	50	4

Failures, Calif. Grad. 17%; Outside Colleges 30%.

It may be safely asserted that failures of applicants are habitually due to, 1st, the college course; 2nd, and principally the date of graduation of the applicants. Thus, while Eastern and Middle State boards show from 3 to 4 per cent of applicants having graduated five years or more ago, the California board began with 50 per cent, and then gradually descended to 20 per cent of this class of applicants. On the other hand, the proportion of rejections of this class of so-called "old graduates" varies in other boards from 40 to 100 per cent, while in California the average has been 50 per cent. Periodic pleas have been made for the class of elderly practitioners, but the law allows no discrimination, and under the ballot box régime, introduced by our exemplary colleague, Dr. J. C. King, segregation of applicants becomes absolutely impossible. With the ballot box the board no longer examines applicants, but passes on numbered papers. The individuality of the applicant only becomes known after the markings have been passed upon by the entire board and the general averages computed and recorded by the secretary. The degree of importance or severity of a given examination subject is generally determined by one fact; if the examiner in said subject be Eclectic the open door policy rules, and all applicants pass with the blue ribbon. Example: In October, 1904, all the applicants passed in anatomy and obstetrics held by Eclectics, whereas in chemistry, held by a regular, 80% failed. At the same examination the homeopathic examiner in surgery obtained the same percentage of failures as the regular in pathology (26%).

The Eclectics continue to select state examiners from the faculty and trustees of the Eclectic College of San Francisco, and the result is invariably noted in the excessively high markings accorded Eclectic applicants in the subjects held by their sponsors in the board, whereas in other subjects their showing is invariably lamentable. Example: 2 Eclectics were given 100% in several subjects, and even then failed to secure the necessary 75% general average.

The perusal of the official markings in the cases of unsuccessful candidates most invariably shows a deficiency in four or more subjects out of the nine. No applicant ever failed to secure a license on account of deficiency in a single subject. Consequently it may be said that the markings of a single examiner do not materially change the general result.

Example: (Graduates of the University of Southern California.)

RECORD OF FAILURES IN UNIV. OF SO. CALIFORNIA.

No.	Anat.	Phys.	Chem.	Med.	Surg.	Obstet.	Bact.	Mat. Med.	Path.
666	82	82	**63**	78	78	**69**	**60**	**69**	**50**
692	75	91	**71**	80	75	78	**62**	89	**54**
695	89	94	**62**	82	**70**	76	**69**	**68**	**58**
824	75	**66**	**62**	75	**77**	80	**58**	**69**	**40**

*Irregularities were found in every college in California except the Medical Department of the State University.

In case of disputed or contested markings a general review by the board may be and has been ordered. Several papers in pathology have been submitted to professors of various colleges in San Francisco and Los Angeles, and in every instance the markings by college professors were below those of the official examiner. The California board in dealing with applicants for license shows far greater consideration than is customary in Eastern and Middle State boards. For instance, in the California affidavit no attempt is made to gather a mass of information deemed indispensable by most boards; no signed photograph is exacted, as in New York and Washington; no mention is made of the section of the code relating to false affidavits, as in Michigan. In California every applicant is entitled to a hearing by the entire board.

Gentlemen, in questions pertaining to medical legislation the majority of misunderstandings, I should say almost all misunderstandings, may be ascribed to ignorance of the medical law. It required the pioneers of the board more than two years to comprehend the scope of and learn to apply the medical act in its entirety. While only the minor sections of the law were being enforced the horizon remained serene; alas, the instant we began to do our duty and ceased to violate our oath of office, clouds issued from the Eclectic camp, gradually invaded our own fold and then drifted in the direction of the legislature.

Mr. President and fellow members, few of you understand the position occupied by members of the Board of Medical Examiners. We are not officers of this society; we do not represent this society, nor do we represent the regular school or any other school of medicine. We are sworn state officials. Under the old medical law this principle was definitely settled in the Frazier case. Under the present medical act the decision of the Supreme Court reads as follows:

"The Board of Examiners when constituted, is not the agent of the medical society which appoints its members, and its functions are not conferred or designed for the benefit of those societies or either of them. The board constitutes a state agency for the regulation of the practice of medicine and surgery, and it must discharge that duty under oath, and impartially for the benefit of the people, and not for the promotion of the interests of any school of medicine or medical society."

We are honor bound to report to you the workings of the board; we are duty bound to comply with the exact terms of the law as interpreted by the highest court in the state. As sworn officials, as board members we have no discretion in the interpretation of the medical law; we cannot usurp the functions of courts. We must, therefore, regulate all our official acts in accordance with the diverse sections of the medical act of this state. Such is the policy of the majority of the Board of Medical Examiners of California. The legislature in its wisdom and prudence resolved that "it shall require the affirmative vote of six members of said board to carry any resolution, to adopt any rule, pass any measure or to authorize the issuance of any certificate to practice medicine and surgery." In the face of such evidence will anyone suggest the possibility of a one-man policy in the Board of Examiners, or that a single member can dictate to his colleagues? The board has adhered so closely to this section of the law that absolutely nothing can be done outside a regular meeting of the board. Thus, upon the adjournment of a regular meeting the members lose their official identity and become mere citizens. The board in its extreme caution against individual power or influence has not even appointed an executive committee with power to act in the interval of regular sessions, a regrettable condition of affairs which causes no small hardship to those members residing near the scene of battle—in San Francisco.

The board's intimate adherence to the law on all occasions explains its immunity from mandamus proceedings, court reviews, etc.; it also explains its high position among boards. Compare the Board of Medical Examiners with the pharmacy, the dental, the optometry boards, all steeped in scandal or officially investigated. Unlike many other boards, municipal or state, the Board of Medical Examiners offers no temptations of a financial character; it bows to no influence, to no politics; its sole and constant guide is the medical act as interpreted by the courts. In the interpretation of points untouched by the Supreme Court the board has invariably consulted and abided by the decisions of those who made and framed the medical act; we refer to Dr. F. B. Carpenter and Mr. E. A. Taylor, the erstwhile attorney of the board and now professor in the law school at San Francisco.

To those timid minds, obstructionists and prophets of misfortune who assiduously predicted that the board's policy would bring about the downfall of the entire law, permit that we recall 4 incontrovertible facts:

1st. The recent favorable decision from the Supreme Court.

2nd. The recent adoption of the association standard by numerous states, either by amending their medical acts or by rule of their Boards of Examiners (Maryland, Nevada, Nebraska, Virginia, Wisconsin, Idaho, Georgia, Colorado, Indian Territory).

3rd. The silence and contempt of the legislature when confronted with the vicious standard lowering amendment to the present medical law presented by the faculty of the eclectic school of San Francisco.

4th. The earnest endorsement of the medical act by the homeopathic school and its loyal and constant coöperation with the regulars during the recent fight before the legislature.

Some misinformed parties have questioned the board's right to go behind the applicant's diploma. As usual these parties have not read the law. Section 5 reads as follows: "And he must accompany said diploma or license with an affidavit stating that he is the lawful possessor of the same, that he is the person therein named, and that the diploma or license was procured in the regular course either of instruction or examination, without fraud or misrepresentation of any kind. In addition to such affidavit, said board may hear such further evidence as in its discretion it may deem proper as to any of the matters embraced in said affidavit. *If it should appear from such evidence that said affidavit is untrue in any particular*, or if it should appear that the applicant is not of good moral character, *the application must be rejected.*"

These provisions are fundamental and also mandatory. It is not for any board of examiners or medical society to pass upon the expediency of the standard. The legislature having provided the standard, and the Supreme Court having sustained it as constitutional, all that remains for the board is to apply it. The functions of the board are purely ministerial. The standard of the association is the rule and the measure of value, the yardstick by which the board measures the diplomas presented to it.

In the matter of the examination of candidates, the board's judgment is supreme. But in that of the medical education of the applicant, the legislature, not the board, is the supreme judge. The legislature has exacted a collegiate medical education as a condition precedent to the right to a certificate, and it has, by means of a scientific standard, taken from the medical colleges themselves, defined the nature and scope of the education, viz., that prescribed by the Association of American Medical Colleges. The standard exacted by the board is the minimum of requirements adopted by the association in 1899, consisting essentially of a definite pre-medical education, a fixed credit system and four college courses

of not less than six months each in four separate years. The standard in question is lower than that of many reputable colleges. In the north we note with pride at least 4 colleges whose requirements exceed those of the Association of American Medical Colleges. They are the Medical Department of the University of California, Hahnemann Medical College, Cooper Medical College and the Oakland College of Medicine.

It is the duty of the board to determine whether the applicant has complied with the legal requirements. The examination is not the test of this. The examination is the test of the knowledge of the applicant. The only test is the diploma. The medical act has not made the diploma the conclusive evidence of the fact, nor the affidavit of the applicant. In passing upon the diploma the board looks both at the form and the fact. The board first determines whether the requirements of the college are in no particular less than those of the association for any particular year, then goes a step farther and satisfies itself that the statements contained in the affidavit of the candidate are true, i. e., whether the diploma was obtained in the regular course of instruction, without fraud or misrepresentation. We are asked by our opponents to waive the express provisions of a statute which has been sustained by the Supreme Court. This would make us false to an oath of office.

Suffer that we again remind you of the fact that the legal educational standard in California was determined by medical colleges; it is their own medicine. Is the board to blame if this medicine prove bitter to some collegiate palates?

The minutes of the last meeting of the Confederation of Examining Boards show the policy of the confederation in the matter of diplomas. The new rules relating to reciprocity authorize the state boards (17 in number) not only to go behind diplomas, but to go behind evidence of preliminary education. The confederation makes the diploma merely a means of identification.

It may interest you to hear that the first Board of Examiners of California, in 1876, comprising such sterling characters as Henry Gibbons, Sr., Luke Robinson, Dr. Orme, Dr. Cushing, as alternate, set the example of investigating diplomas. In the minutes of 1877, carefully and most lucidly transcribed by Dr. Henry Gibbons, Jr., one may see the board's unanimous decision as to the urgent propriety of such investigation. The law of 1876 was then amended for the express purpose of permitting the board to go behind the diplomas of accredited colleges, it having been found necessary to do so. The provisions of the law of 1878 were appropriated bodily in the present medical act. Under the amended law of 1878 the Board of Examiners repeatedly resorted to said investigation, and as late as 1901 recourse was had to this remedy in order to prevent the issuance of licenses to certain holders of diplomas from legally chartered medical schools. The action of the board in the latter cases was sustained by the Superior Court of San Francisco. Since 1876 medical colleges of this state have enjoyed a monopoly of the practice of medicine. This power was delegated to them by the legislature, and constituted a trust. Under the present medical act, the legislature made certain explicit rules to restrain the arbitrary exercise of power on the part of the trust, i. e., the medical schools. The Board of Examiners not only enforces the law, but compels obedience to the expressed rules of reputable colleges, adopted and deemed by them absolutely necessary for the benefit of the profession and for the protection of the people. Wherein have medical colleges cause for complaint?

Reciprocity. Much has been written and said of interstate reciprocity. Many view the question from a sentimental standpoint, reasoning solely from the position of the aged practitioner, while many others, imbued with ideas of extreme democracy, favor the open door policy. Both sides seem to forget that interstate reciprocity is above all a legal question. Our medical act and our Supreme Court have determinded in plain language, under what conditions interstate reciprocal relations can be entertained:

1st. The law states: "Provided, however, that the legal requirements of said medical examining board shall have been *at the time of issuing such certificate* in no degree or particular less than those of California at *the time when such certificate shall be presented* for registration to the board created by this act; and provided further, that the provisions in this paragraph contained shall be held to apply to such of said medical examining boards as accept and register the certificates granted by this board without examination by them of the ones holding such certificates."

2nd. (From the Supreme Court decision.) "The act shows clearly that the main purpose is to admit no one to practice who has not passed such an examination, and the only effect of the last paragraph is to permit in some cases the substitution of the examination of another state board for that of our own."

Therefore, the old practitioners, those who were licensed otherwise than after examination at the hands of state boards are ineligible to reciprocity. Were California to reciprocate with Illinois, for instance, we could only accept those certificated in Illinois under the same conditions exacted in California at the time said certificates are presented. Our attempts to reciprocate with New York proved a dismal failure; the New York standard is far higher than ours in regard to preliminary education and college attendance. California might reciprocate with the Eclectic Board of Pennsylvania. In answer to Michigan's request for reciprocity the California board asked if it would receive in exchange the certificates of Michigan only or those of 16 other states with which Michigan has reciprocal relations. The gauntlet thus politely presented has never been picked up. Inasmuch as the question of reciprocity is a discretionary one in the California Medical Act we solicit your opinion; and, in order that you may judge impartially at least one important factor, we submit for your consideration a few figures extracted from the official records of a large number of state boards:

Record for 1904-1905.

Outside Examining Boards, 5,000 applicants.
California graduates examined in Washington, Oregon and Idaho, 17.
California graduates before Eastern and Middle State Boards, 4.
Outside graduates before California Board, 160.

The California records show that by interstate reciprocity we would get back 80% of those who failed to pass our examinations. Furthermore reciprocity would compel us to accept the numerous irregular and fraudulent diplomas previously rejected by the California Board but deemed immaculate by state boards more susceptible to the hypnotic influence of parchment. On the other hand we must not lose sight of our California colleges, all of which, with the exception of the Eclectic College, are toiling honestly, rapidly elevating their standard, curtailing their lists of matriculates rather than reduce their standard of preliminary educational requirements, making vast and frequent disbursements for the laboratories, increasing their teaching staff, multiplying their clinical facilities and extending their curriculum. Is not such a loyal demonstration on the part of the colleges of California deserving of some encouragement?

Dinner to Sir Patrick Manson.

The faculty of Cooper Medical College gave a dinner at the St. Francis Hotel, August 19th, to Sir Patrick Manson, the eminent London physician who has made a special study of tropical diseases, and who has just delivered the course of Lane Lectures on this subject.